

# OLDER PERSONS AND THEIR RESPONSES

## Summary of Special Concerns

**SENSORY DEPRIVATION** - Older persons' sense of smell, touch, vision and hearing may be less acute than that of the general population. A hearing loss may cause an older person not to hear what is said in a noisy environment, and a diminished sense of smell may mean that he or she is more apt to eat spoiled food.

**DELAYED RESPONSE SYNDROME** - Older persons may not react to a situation as fast as younger persons. In disasters, this means that Disaster Application Centers may need to be kept open longer if older persons have not appeared. It can also they may not apply for benefits within specified time limits.

**GENERATIONAL DIFFERENCES** - Depending on when individuals were born, they share differing values and expectations. This becomes important in service delivery since what is acceptable to an 80 year old person may not be acceptable to a person 65 years of age.

**CHRONIC ILLNESS AND MEDICATION USE** - Higher percentages of older persons have arthritis, which may prevent them from standing in line. Medications may cause confusion or a greater susceptibility to problems such as dehydration. These and other similar problems may increase the difficulties in obtaining assistance.

**MEMORY DISORDERS** - Environmental factors or chronic diseases may affect the ability of older persons to remember information or to act appropriately.

**TRANSFER TRAUMA** - Frail older persons who are dislocated without use of proper procedures may suffer illness and even death.

**MULTIPLE LOSS EFFECT** - Many older persons have lost their spouse, income, home, and/or physical capabilities. For some persons, these losses compound each other. Disasters sometimes provide a final blow, making recovery particularly difficult for older persons. This may also be reflected in inappropriate attachment to specific items.

**HYPER/HYPOTHERMIA VULNERABILITY** - Older persons are often much more susceptible to the effects of heat or cold. This becomes more critical in disasters when furnaces and air conditioners may be unavailable or unserviceable.

**CRIME VICTIMIZATION** - Con artists target older persons, particularly after a disaster. Other targeting by criminals may also develop. These issues need to be addressed in shelters and in housing arrangements.

**UNFAMILIARITY WITH BUREAUCRACY** - Often older persons often have not had experience working through a bureaucratic system. This is especially true for older women whose spouse dealt with these areas. Some may not know their social security numbers.

**LITERACY** - Many older persons have lower educational levels than the general population. This may present difficulties in completing applications or understanding directions.

**LANGUAGE AND CULTURAL BARRIERS** - Older persons may be limited in their command of the English language or may find their ability to understand instructions diminished by the stressful situation. The resulting failure in communication could easily be further confused by the presence of authoritarian figures, such as police officers, who increase the apprehension and confusion in the mind of the older person. For older persons who speak languages other than English, there is a critical need to be sensitive to language and cultural differences. The older persons in this category will need special assistance in applying for disaster benefits.

**MOBILITY IMPAIRMENT OR LIMITATION** - Older persons may not have the ability to use automobiles or have access to private or public transportation. This may limit the opportunity to go to the Disaster Application Center, obtain goods or water, or relocate when necessary. Older persons may have physical impairments which limit mobility.

**WELFARE STIGMA** - Many older persons will not use services that have the connotation of being "welfare." Older persons often have to be convinced that disaster services are available as a government service that their taxes have purchased. Older persons need to know that their receipt of assistance will not keep another, more impacted, person from receiving help.

**MENTAL HEALTH STIGMA** - Similar to welfare stigma, older persons often feel ashamed that they may experience mental health problems. These attitudes must be addressed individually if older persons are to receive mental health care.

**LOSS OF INDEPENDENCE** - Older persons may fear that they will lose their independence if they ask for assistance. The fear of being placed in a nursing home may be a barrier to accessing services.

